

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	879511	STATUS:	Original
FACILITY:	H2-Oh-Yeah	PERMIT NUMBER:	4MP00028*AM
LOCATION:	2134 C.R. 224	STATION CODE:	401
	Ashley, OH 43003	MONITORING PERIOD :	2019-07-01 To: 2019-07-31
COUNTY:	Morrow	REPORTING LAB:	
DISTRICT:	CDO	ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2019-07-01							
2019-07-02							
2019-07-03							
2019-07-04							
2019-07-05							
2019-07-06							
2019-07-07							
2019-07-08							
2019-07-09							
2019-07-10							
2019-07-11							
2019-07-12							
2019-07-13							
2019-07-14							
2019-07-15							
2019-07-16							
2019-07-17							
2019-07-18							
2019-07-19							
2019-07-20							
2019-07-21							
2019-07-22							
2019-07-23							
2019-07-24							
2019-07-25							
2019-07-26							
2019-07-27							
2019-07-28							
2019-07-29							
2019-07-30							
2019-07-31							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative		Submission Date/Time
<div style="font-size: 24px; font-weight: bold;">Ashleigh Lemon</div>							<div style="font-weight: bold;">Certification Version Date</div> <div style="font-weight: bold;">2019-08-20 18:08</div>

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SUBMISSION ID: FACILITY: LOCATION:	879511 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD :	Original 4MP00028*AM 401 2019-07-01 To: 2019-07-31
COUNTY: DISTRICT:	Morrow CDO	REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2019-07-01						
2019-07-02						
2019-07-03						
2019-07-04						
2019-07-05						
2019-07-06						
2019-07-07						
2019-07-08						
2019-07-09						
2019-07-10						
2019-07-11						
2019-07-12						
2019-07-13						
2019-07-14						
2019-07-15						
2019-07-16						
2019-07-17						
2019-07-18						
2019-07-19						
2019-07-20						
2019-07-21						
2019-07-22						
2019-07-23						
2019-07-24						
2019-07-25						
2019-07-26						
2019-07-27						
2019-07-28						
2019-07-29						
2019-07-30						
2019-07-31						
Minimum						
Maximum						
Average						
Count						

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Ashleigh Lemon			Certification Version Date 2019-08-20 18:08

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SUBMISSION ID:
FACILITY:
LOCATION:

879511
H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

STATUS:
PERMIT NUMBER:
STATION CODE:
MONITORING PERIOD :

Original
4MP00028*AM
402
2019-07-01 To: 2019-07-31

COUNTY:
DISTRICT:

Morrow
CDO

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

AL

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2019-07-01							
2019-07-02							
2019-07-03							
2019-07-04							
2019-07-05							
2019-07-06							
2019-07-07							
2019-07-08							
2019-07-09							
2019-07-10							
2019-07-11							
2019-07-12							
2019-07-13							
2019-07-14							
2019-07-15							
2019-07-16							
2019-07-17							
2019-07-18							
2019-07-19							
2019-07-20							
2019-07-21							
2019-07-22							
2019-07-23							
2019-07-24							
2019-07-25							
2019-07-26							
2019-07-27							
2019-07-28							
2019-07-29							
2019-07-30							
2019-07-31							
Minimum							
Maximum							
Average							
Count							
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Ashleigh Lemon						Certification Version Date 2019-08- 20 18:08	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT:	879511 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	Original 4MP00028*AM 402 2019-07-01 To: 2019-07-31 AL
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PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2019-07-01						
2019-07-02						
2019-07-03						
2019-07-04						
2019-07-05						
2019-07-06						
2019-07-07						
2019-07-08						
2019-07-09						
2019-07-10						
2019-07-11						
2019-07-12						
2019-07-13						
2019-07-14						
2019-07-15						
2019-07-16						
2019-07-17						
2019-07-18						
2019-07-19						
2019-07-20						
2019-07-21						
2019-07-22						
2019-07-23						
2019-07-24						
2019-07-25						
2019-07-26						
2019-07-27						
2019-07-28						
2019-07-29						
2019-07-30						
2019-07-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative	Submission Date/Time	
Ashleigh Lemon					Certification Version Date 2019-08-20 18:08	

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SUBMISSION ID:
FACILITY:
LOCATION:

879511
H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003
Morrow
CDO

STATUS:
PERMIT NUMBER:
STATION CODE:
MONITORING PERIOD :

Original
4MP00028*AM
403
2019-07-01 To: 2019-07-31
Brookside Laboratories
Kari Long

COUNTY:
DISTRICT:

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2019-07-01							
2019-07-02	8.13	0.00004	0.00005	0.00004	0.00001	404.12	0.19
2019-07-03							
2019-07-04							
2019-07-05							
2019-07-06							
2019-07-07							
2019-07-08							
2019-07-09							
2019-07-10							
2019-07-11	8.23	0.00002	0.00002	0.00002	0.00001	9822.06	0.21
2019-07-12							
2019-07-13							
2019-07-14							
2019-07-15							
2019-07-16	8.3	0.00002	0.00003	0.00001	0.00001	1157.94	0.24
2019-07-17							
2019-07-18							
2019-07-19							
2019-07-20							
2019-07-21	8.16	0.00002	0.0003	0.00029	0.00001	508	0.13
2019-07-22							
2019-07-23							
2019-07-24							
2019-07-25							
2019-07-26							
2019-07-27							
2019-07-28							
2019-07-29							
2019-07-30							
2019-07-31	8.16	0.00002	0.0003	0.00029	0.00001	508	0.12
Minimum	8.13	2.0E-5	2.0E-5	1.0E-5	1.0E-5	404.12	0.12
Maximum	8.3	4.0E-5	3.0E-4	2.9E-4	1.0E-5	9822.06	0.24
Average		0.00002	0.00014	0.00013	0.00001	2480.024	0.178
Count	5	5	5	5	5	5	5
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Ashleigh Lemon						Certification Version Date 2019-08-20 18:08	

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SUBMISSION ID:
FACILITY:
LOCATION:

879511
H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

COUNTY:
DISTRICT:

Morrow
CDO

STATUS:
PERMIT NUMBER:
STATION CODE:
MONITORING PERIOD :

Original
4MP00028*AM
403
2019-07-01 To: 2019-07-31

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

Brookside Laboratories
Kari Long

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2019-07-01						
2019-07-02	0.10773					
2019-07-03						
2019-07-04						
2019-07-05						
2019-07-06						
2019-07-07						
2019-07-08						
2019-07-09						
2019-07-10						
2019-07-11	0.12247					
2019-07-12						
2019-07-13						
2019-07-14						
2019-07-15						
2019-07-16	0.13721					
2019-07-17						
2019-07-18						
2019-07-19						
2019-07-20						
2019-07-21	0.07484					
2019-07-22						
2019-07-23						
2019-07-24						
2019-07-25						
2019-07-26						
2019-07-27						
2019-07-28						
2019-07-29						
2019-07-30						
2019-07-31	0.07030					
Minimum	0.0703					
Maximum	0.13721					
Average	0.10251					
Count	5					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Ashleigh Lemon						Certification Version Date 2019-08-20 18:08

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FACILITY:
LOCATION:

879511
H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

COUNTY:
DISTRICT:

Morrow
CDO

STATUS:
PERMIT NUMBER:
STATION CODE:
MONITORING PERIOD :

Original
4MP00028*AM
602

2019-07-01 To: 2019-07-31

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

Brookside Laboratories
Kari Long

PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rate	Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	24hr Total Estimate	Grab
2019-07-01	332	380	0.00004	0.00001	404.12	0.00248	0.49
2019-07-02							
2019-07-03							
2019-07-04							
2019-07-05							
2019-07-06							
2019-07-07							
2019-07-08	207	700					
2019-07-09							
2019-07-10							
2019-07-11							
2019-07-12							
2019-07-13							
2019-07-14							
2019-07-15	234.3	216	0.00002	0.00001	1157.94	0.00248	0.44
2019-07-16							
2019-07-17							
2019-07-18							
2019-07-19							
2019-07-20							
2019-07-21							
2019-07-22	183	AA 1.0					
2019-07-23							
2019-07-24							
2019-07-25							
2019-07-26							
2019-07-27							
2019-07-28							
2019-07-29							
2019-07-30	141.75	267	0.00002	0.00001	508	0.00248	0.39
2019-07-31							
Minimum	141.75	0.0	2.0E-5	1.0E-5	404.12	0.00248	0.39
Maximum	332.0	700.0	4.0E-5	1.0E-5	1157.94	0.00248	0.49
Average	219.61	312.6	0.00003	0.00001	690.02	0.00248	0.44
Count	5	5	3	3	3	3	3
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Ashleigh Lemon						Certification Version Date 2019-08-20 18:08	

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SUBMISSION ID:	879511	STATUS:	Original
FACILITY:	H2-Oh-Yeah	PERMIT NUMBER:	4MP00028*AM
LOCATION:	2134 C.R. 224	STATION CODE:	602
	Ashley, OH 43003	MONITORING PERIOD :	2019-07-01 To: 2019-07-31
COUNTY:	Morrow	REPORTING LAB:	Brookside Laboratories
DISTRICT:	CDO	ANALYST:	Kari Long
		NO DISCHARGE INDICATOR:	

PARAMETER	Sludge Solids, Percent Volatile	Freeboard	pH	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitrogen, Inorganic, Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	S.U.	mg/l	mg/l	mg/l	
FREQUENCY	1 / 2 Weeks	1 / 2 Weeks	1/Month	1/Month	1/Month	1/Month	
SAMPLING TYPE	Grab	Total	Grab	Grab	Grab	Grab	
2019-07-01	0.22	2	8.13	AH	0.00005	0.00004	
2019-07-02							
2019-07-03							
2019-07-04							
2019-07-05							
2019-07-06							
2019-07-07							
2019-07-08							
2019-07-09							
2019-07-10							
2019-07-11							
2019-07-12							
2019-07-13							
2019-07-14							
2019-07-15	0.14	1.8					
2019-07-16							
2019-07-17							
2019-07-18							
2019-07-19							
2019-07-20							
2019-07-21							
2019-07-22							
2019-07-23							
2019-07-24							
2019-07-25							
2019-07-26							
2019-07-27							
2019-07-28							
2019-07-29							
2019-07-30	0.14	1.6					
2019-07-31							
Minimum	0.14	1.6	8.13		5.0E-5	4.0E-5	
Maximum	0.22	2.0	8.13		5.0E-5	4.0E-5	
Average	0.16667	1.8			0.00005	0.00004	
Count	3	3	1		1	1	
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Ashleigh Lemon						Certification Version Date 2019-08-20 18:08	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY:
LOCATION:

H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

PERMIT NUMBER:
MONITORING PERIOD :

4MP00028*AM
2019-07-01 To: 2019-07-31

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
403	E. coli	31648	2019-07-02	#/100 ml	Please note that this number is being reported in MPN/g
403	E. coli	31648	2019-07-11	#/100 ml	Please note that this number is being reported in MPN/g
403	E. coli	31648	2019-07-16	#/100 ml	Please note that this number is being reported in MPN/g
403	E. coli	31648	2019-07-21	#/100 ml	Please note that this number is being reported in MPN/g
403	E. coli	31648	2019-07-31	#/100 ml	Please note that this number is being reported in MPN/g
602	E. coli	31648	2019-07-01	#/100 ml	Please note this is reported in MPN/g
602	E. coli	31648	2019-07-15	#/100 ml	Please note this is reported in MPN/g
602	E. coli	31648	2019-07-30	#/100 ml	Please note this is reported in MPN/g
602	Oil and Grease, Hexane Extr Method	00552	2019-07-01	mg/l	We had to get new sample bottles for this test, they had been on back order and we also had to get clarity on the tests from Brookside. We have submitted this sample after receiving the correct bottles and still awaiting results for July.